



IFW

PTO/SB/21 (04-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/695,976
Filing Date	October 28, 2003
First Named Inventor	Noe, Amanda
Art Unit	2186
Examiner Name	
Attorney Docket Number	015114-064700US

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Return Postcard
Supplemental ADS |
|---|---|--|

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 39,626
Signature		
Date	9-21-2004	

CERTIFICATE OF TRANSMISSION/MAILING

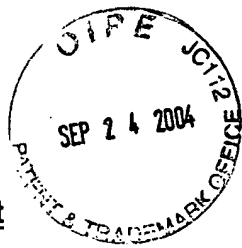
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name Elizabeth Nesbitt

Signature

Date

9-21-04



Application Data Sheet

Application Information

Application number:: 10/695,976

Filing Date:: 10/28/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PATTERN DETECT AND BYTE ALIGN CIRCUIT
USING CAM

Attorney Docket Number:: 015114-064700US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Amanda
Middle Name::
Family Name:: Noe
Name Suffix::
City of Residence:: Plano
State or Province of Residence:: TX
Country of Residence:: US
Street of Mailing Address:: 2901 Val Verde Drive
City of Mailing Address:: Plano
State or Province of mailing address:: TX
Country of mailing address::
Postal or Zip Code of mailing address:: 75025

Correspondence Information

Correspondence Customer Number:: 26059

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	37,495	Babak S. Sani
Associate	39,626	Melvin D. Chan

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Altera Corporation
Street of mailing address:: 101 Innovation Drive
City of mailing address:: San Jose
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95134